

Addendum

- 1. Declaration / Power of Attorney Signed By Personal Representative; Terminal Disclaimer To Obviate A Double Patenting Rejection**



SIGNING BY PERSONAL REPRESENTATIVE ON BEHALF OF DECEASED INVENTOR
(37 CFR 1.42 and 1.43)

I, Barbara E. Mays, hereby declare that I am a citizen of United States, residing at 6740 South 69th East Avenue, Tulsa, OK 74133-1736, and that I am executing and signing the declaration to which this is attached as the personal representative of:

Ralph C. Mays
US

Country of Citizenship:

Attached herewith are the following copies:

1. Letters Testamentary as filed with the U.S. District Court, Tulsa, Oklahoma on May 25, 2004; and
2. Certificate of Death

That, upon information and belief, I aver those facts that the inventor is required to state.

Date: January 20, 2006

Barbara E. Mays
Barbara E. Mays



COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is for a divisional application.

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

AN OBTURATOR SYSTEM FOR FILLING A ROOT CANAL AND METHOD OF USE
THEREOF

SPECIFICATION IDENTIFICATION

The specification was filed on November 11, 2003, as Serial No. 10/706,119.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

**CLAIM FOR BENEFIT OF EARLIER U.S./PCT APPLICATION(S)
UNDER 35 U.S.C. 120**

I hereby claim the benefit, under Title 35, United States Code, § 120, of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information that is material to patentability as defined in 37, Code of Federal Regulations, § 1.56 and that is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable examiner would consider it important in deciding whether to allow the application to issue as a patent, that occurred between the

filing date of the prior application(s) and the national or PCT international filing date of this application.
(37 C.F.R. § 1.63(e)).

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 USC 120:				
U.S. APPLICATIONS			Status	
U.S. APPLICATIONS	U.S. FILING DATE	Patented	Pending	Abandoned
1. 09/925,988	09 AUG 01	X		
2. 09/481,611	12 JAN 00	X		

POWER OF ATTORNEY

I hereby appoint the practitioner(s) associated with Customer Number 28827 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

DIRECT TELEPHONE CALLS TO:

CUSTOMER NUMBER 28827

Gable and Gotwals
100 West 5th Street, 10th Floor
Tulsa, OK 74103

Paul H. Johnson
918-595-4963

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Barbara E. Mays, personal representative of Ralph C. Mays, inventor (deceased)

Inventor's signature Barbara E. Mays
Date January 30, 2006 Country of Citizenship US
Residence Tulsa, OK
Post Office Address 6740 South 69th East Avenue, Tulsa, OK 74133-1736



IN THE DISTRICT COURT IN AND FOR TULSA COUNTY
STATE OF OKLAHOMA
IN THE MATTER OF THE ESTATE OF)
RALPH CHARLIE MAYS, DECEASED)

No. PB-2004-399

Letters Testamentary

**DISTRICT COURT
FILED**

MAY 25 2004

STATE OF OKLAHOMA)
COUNTY OF TULSA) ss.

SALLY HOWE SMITH, COURT CLERK
STATE OF OKLA. TULSA COUNTY

The Last Will and Testament of Ralph Charlie Mays, having been proved and recorded in the District Court of Tulsa County, Oklahoma, Barbara E. Mays, who is named therein, is hereby appointed Personal Representative of the Estate.

Witness my hand, as Judge of the District Court of the County of Tulsa, this 25th day of May, 2004.

LINDA G. MORRISSEY

Judge of the District Court

Oath of Personal Representative

STATE OF OKLAHOMA)
COUNTY OF TULSA) ss.

I, Barbara E. Mays, do solemnly swear that I will perform according to law, and to the best of my ability, the duties of Personal Representative of the Last Will and Testament of Ralph Charlie Mays, Deceased. So help me God.

Barbara E. Mays
Barbara E. Mays

Subscribed and sworn to before me this 25th day of May, 2004.

I, Sally Howe Smith, Court Clerk, for Tulsa County, Oklahoma, hereby certify that the foregoing is a true, correct and full copy of the instrument herewith set out as appears on record in the Court Clerk's Office of Tulsa County, Oklahoma, this

LINDA G. MORRISSEY

Judge of the District Court

By *[Signature]*
Deputy

STATE OF OKLAHOMA
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

JAN 25 2006

STATE FILE NUMBER

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) Ralph Charlie Mays			2. SEX M	3. SOCIAL SECURITY NUMBER 443-32-8752	4. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5a. AGE-Last birthday (years) 72	5b. UNDER 1 YEAR Months 0 Days 0 Hours 0 Minutes 0	6. DATE OF BIRTH 2-19-1932 (Mo/Day/Yr)		7. BIRTHPLACE (City and State or Foreign Country) Marble City, Ok	
8a. RESIDENCE-Street Oklahoma		8b. RESIDENCE-City Tulsa		8c. RESIDENCE-County or Town Tulsa	8d. RESIDENCE-Zip Code 74133
8f. RESIDENCE-Street and Number 6740 S. 69th E. Ave.					8g. RESIDENCE-Inside City Limits? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Married, but separated <input type="checkbox"/> Unknown					10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) Barbara Holland
11. FATHER'S NAME (First, Middle, Last) Gillis P			12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mammie Thurber		
13. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the 'No' box if the decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify) _____		14. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____		15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MEd, MA, MS, MEng, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)	
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED.) Self Employed				17. KIND OF BUSINESS / INDUSTRY Dental Manufacturing	
18a. INFORMANT'S NAME Barbara Mays		18b. RELATIONSHIP TO DECEDENT Spouse		18c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 6740 S. 69th E. Ave. Tulsa, Ok 74133	
19. METHOD OF DISPOSITION: <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (specify) _____		20. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Holland Cemetery		21. LOCATION - City, Town and State Tahlequah, Oklahoma	
22. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Moore's Eastlawn Chapel 1908 S. Memorial Tulsa, Ok 74112				23. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH <i>[Signature]</i>	
				24. FHE ESTABLISHMENT LICENSE # 1291	

25. PLACE OF DEATH (Check only one; see instructions)					
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input checked="" type="checkbox"/> Dead on Arrival			IF DEATH OCCURRED OTHER THAN IN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing home/Long term care facility <input checked="" type="checkbox"/> Decedent's home <input type="checkbox"/> Other (specify): _____		
26. FACILITY NAME (If not institution, give street & number) St. Francis 6161 S. Yale			27. CITY OR TOWN, STATE AND ZIP CODE OR LOCATION OF DEATH Tulsa, Oklahoma 74136		28. COUNTY OF DEATH Tulsa
29. DATE OF DEATH 4-22-2004 (Mo/Day/Yr)	30. TIME OF DEATH 1230	31. WAS MEDICAL EXAMINER CONTACTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	32. WAS AN AUTOPSY PERFORMED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	33. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No	
34. PART I. Enter the chain of events - diseases, injuries or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Cardiopulmonary Collapse Due to (or as a consequence of): Sequentially list conditions, if any, leading to the cause listed on line a. b. Acute Myocardial Infarction Due to (or as a consequence of): Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST. c. _____ Due to (or as a consequence of): d. _____				35. PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I. Approximate interval: Onset to death: _____	
36. MANNER OF DEATH: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		37. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		38. DID TOBACCO USE CONTRIBUTE TO DEATH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
39. DATE OF INJURY (Mo/Day/Yr)	40. TIME OF INJURY	41. PLACE OF INJURY (e.g., Decedent's home, construction site, wooded area)		42. DESCRIBE HOW INJURY OCCURRED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
44. LOCATION OF INJURY: State: _____ City or Town: _____ Zip Code: _____ Street & Number: _____ Apartment Number: _____		45. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (specify) _____			
46. CERTIFIER (Check only one): ATTENDING PHYSICIAN: <input checked="" type="checkbox"/> Physician in charge of the patient's care <input type="checkbox"/> Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. <input type="checkbox"/> MEDICAL EXAMINER: On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Signature of Certifier: <i>[Signature]</i>		47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 34) Dwight Hardy DO 8115 S. Memorial Tulsa, Ok 74133			
50. REGISTRAR'S SIGNATURE (Local) <i>[Signature]</i>		51. DATE RECEIVED BY LOCAL REGISTRAR MAY 06 2004 (Mo/Day/Yr)		52. DATE RECEIVED BY STATE REGISTRAR (Mo/Day/Yr)	

2004 REVISION

VS 154 (1-04)

BEST AVAILABLE COPY